

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name) _____ :

Application for a certificate of _____ :
(local or interexchange) authority _____ :
to operate as a (reseller or facilities _____ :
based carrier) of telecommunications _____ :
services in (list specific area) in the _____ :
State of Illinois. _____ :

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) _____ FEIN # _____

Address: Street _____

City _____ State/Zip _____

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange
_____ 13-404 Resale of Local and/or Interexchange
_____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for
Local Exchange Telecommunications Carriers in the State of Illinois

_____ Section 735.180 Directories

_____ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

_____ Individual _____ Corporation
_____ Partnership Date corporation was formed _____
In what state? _____
_____ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s).

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

_____ YES (Please provide details) _____ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

_____ YES _____ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

_____ YES _____ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? _____ YES _____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

_____	_____
_____	_____
_____	_____

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES _____ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? _____ YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

_____ YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

_____ YES _____ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

_____ YES _____ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES _____ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

28. Will technical personnel be available at all times to assist customers with service problems?

_____ YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e)

unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____YES _____NO

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of _____)
County of _____)ss

_____ makes oath and says that he is _____
(Insert here the name of affiant) (Insert the official title of the affiant)

of _____
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ _____
(Title of person authorized to administer oaths)

in the State and County above named, this _____ day of _____, _____.

(Signature of person authorized to administer oath)

Standard Questions for Applicants Seeking Local Exchange Service Authority

1. Is your company seeking any waivers or variances of certain Commission rules and regulations in this proceeding that pertain to local exchange service? Please provide evidence as to why your company is seeking any waiver or variance.
2. Will your company comply with 83 Illinois Administrative Code Part 772, Pay-Per-Call Services, including Part 772.55(a)(1), Billing and Part 772.100(d) Notices?
3. Will your company comply with 83 Illinois Administrative Code Part 705, Preservation of Records of Telephone Utilities?
4. Will your company abide by 83 Illinois Administrative Code Part 735, "Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Telephone Utilities in the State of Illinois"?
5. Will your company abide by 83 Illinois Administrative Code Part 732, "Customer Credits"?
6. Who will provide customer repair service for your company?
7. How many people does the company employ?
8. Will your company meet the requirements as they pertain to the Telephone Assistance Programs imposed by Sections 13.301 and 13.301.1 of the Illinois Public Utilities Act and 83 Illinois Administrative Code Part 757?
9. Will your company solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?
10. Does your company plan on filing to become an Eligible Telecommunications Carrier?
11. Does the company realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link Up Programs if it is not an eligible carrier?
12. Will your company offer all of the waivers associated with the Universal Telephone Service Assistance Programs (UTSAP)?
13. Will your company abide by the regulations as prescribed in 83 Illinois Administrative Code Part 755, "Telecommunications Access for Persons with Disabilities," 83 Illinois Administrative Code Part 756 "Telecommunications Relay Service," and Sections 13-703 of the Illinois Public Utilities Act?
14. Will the company's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?
15. Has your company signed and return the Universal Telephone Assistance Corporation ("UTAC") and the Illinois Telecommunications Access Corporation ("ITAC") to Commission staff?
16. How does your company plan to solicit customers once it begins to provide local service?
17. Has your company provided service under any other name?
18. Have any complaints or judgements been levied against the company? (Instate, out-of-state, or FCC).

Appendix B

9-1-1 Questions for Applicants Seeking Local Exchange Service Authority

1. Will your company ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?
2. Will your company contact and establish a working relationship with the 911 systems when you begin to provide local telephone service?
3. Will your company coordinate with the incumbent LEC(s) and local 911 systems to provide transparent service for your local exchange customers?
4. Who will be responsible for building and maintaining the 911 database for your local exchange customers?
5. How often will your company update the 911 database with customer information?
6. Will your company's billing system have the ability to distinguish between facilities based and resale for the collection of the 911 surcharge?
7. Does your company have procedures for the transitioning of the 911 surcharge collection and disbursement to the local 911 system?
8. Will your company's proposal require any network changes to any of the 911 systems?
9. Will your company be able to meet the requirements specified under Part 725.500(o) and 725.620(b) for the installation of call boxes?
10. Does your company plan to file for a waiver of Part 725.500(o) and 725.620(b) in the future?

Financial Questions for Applicants Seeking Local Exchange Service Authority

1. (Answer if requesting waiver of Part 710) What circumstances warrant a departure from the prescribed Uniform System of Accounts (“USOA”)?
2. Will records be maintained in accordance with Generally Accepted Accounting Principles (“GAAP”)?
3. Will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?
4. Will applicants accounting procedures maintain or improve uniformity in substantive results as among similar telecommunications companies?
5. Will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes?
6. Does the accounting system currently in use by applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns? What specific accounts or sub-accounts provide this data?
7. If a waiver of Part 710 is granted, will applicant provide annual audited statements or all periods subsequent to granting of the waiver?
8. Does applicant agree that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?
9. Please attached a copy of applicant’s chart of accounts.

Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority

1. Will customers have the ability to sign up with any long distance company they choose?
2. Will customers have the ability to use dial around long distance companies?
3. Does the applicant have interexchange authority in Illinois? If yes, please provide the docket number.
4. Will customers have access to the Illinois Relay Service?
5. Will customers be able to make 1-800 calls for free?
6. Will the Company offer operator services?
7. Please describe how applicant plans to collect the monthly fee to be paid in advance.
8. Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?
9. Will customers pay an installation fee? If yes, will payment arrangements be offered for the installation fee?
10. Will telephone service be in the Company's name or the customer's name. If in the Company's name how will information appear in data bases, such as 9-1-1, directory assistance, etc.?
11. Will applicant offer prepaid service as a monthly service or as a usage service?
12. Will applicant provide a warning when the remaining value of service is about to cease?
13. Is the customer given more than one notice of the remaining value of service?
14. How much advance notice is given to the customer of the remaining value of service?
15. If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?
16. Has the customer been made aware of potentially being disconnected during a call when the remaining value of service expires?
17. When does the timing of a call start?
18. If the person called does not answer, is any time deducted from the customer's account?
19. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?
20. When a customer runs out of time is their phone immediately disconnected or on suspension? (Will they still be able to receive calls?)
21. Are applicant's services available to TTY callers?
22. How will the applicant handle a complaint from a customer who disputes the amount of time used or remaining?
23. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Company define each customer's untimed local calling area?

